

A JOURNAL FOR NURSES

JUNE 1940



# PRURITUS



HE tormenting pruritus of ivy and oak poisoning, so frequently encountered during the outdoor season; the heat-intensified pruritus ani, vulvae or scroti, and the itching of perspiration-aggravated eczema, ringworm, intertrigo, multiple insect bites and urticaria quickly yield to Calmitol. Not only is relief obtained with dramatic promptness, but a single application usually suffices to hold pruritus in abeyance for several hours.

Because of its contained ingredients (chlor-iodo-camphoric aldehyde, levo-hyoscine oleinate, and menthol in an alcohol-chloroform-ether vehicle), Calmitol Ointment blocks the further transmission of offending impulses, exerts a mild antiseptic action, contributes to resolution by local hyperemia. In obstinately severe pruritus, Calmitol Liquid is recommended, except on sensitive areas or denuded surfaces.

Thos. Leeming & Co. Inc.

101 WEST 314 STREET NEW YORK

CALMITOL THE DEPENDABLE ANTI-PRURITION



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Uniform on the cover, courtesy of Angelica





### FOR NURSES

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# Debits AND CREDITS

#### ON BLINDNESS

Dear Editor:

One of the keenest memories of my childhood is my horror of "Blind Man's Buff." I still recall the feeling of utter helplessness that came over me when I was "It" and had to be blindfolded...

Perhaps that is why blind people always strike an especially tender spot in my heart and I long to lift their darkness for them. Lack of experience makes me realize how little I can guess their need. I therefore deeply appreciate Mrs. Bretz' article in your April issue, "Understanding the Blind."

I am sure we all need the wisdom, bred of experience, of those who were "there when it happened." More intimate knowledge of abnormalities such as blindness should make us better nurses.

Please give us other articles by authors like Alice Bretz.

Sybil E. Watson, R.N. New York, N.Y.

### PUBLIC-HEALTH COURSES

Dear Editor:

Loyola University School of Medicine is launching this year a series of summer-session courses for nurses. These will cover various aspects of public-health education and administration; hygiene; sociology; public-health nursing specialties; case work; and child welfare.

The session runs from June 24 to August 3; there is still time to enroll. We will appreciate it if you will advise your readers to this effect.

Earl Kleinschmidt, M.D., D.P.H. Loyola University Chicago, Ill.

[Interested readers may write Dr. Kleinschmidt, care of the School of Medicine, 706 S. Lincoln St., Chicago, Ill.—THE EDITORS]

### ETHICS

Dear Editor:

For a long time, we have had the logical, ethical union for nurses: the A.N.A.!

Perhaps in time, we will have a Local No. 606 for physicians to protect them against patients with mottled livers and gangrenous appendices. Physicians may then charge the patient an additional fee for not coming sooner for treatment.

Also, we may have a Local No. 23 Skidoo for lawyers, so that they may be protected against too many "actions sustained" by the man with the gavel.

Seriously, if we want an eight-hour day, let's make a concerted effort to obtain it through our representatives in professional nursing organizations.

Let's settle our differences within "our family."

Alfred P. Galli, R.N. Torrance, Pa.

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#### OLD FOLKS' HOME

Dear Editor:

After reading your article in the February issue ("P.N. Trouble in Texas"), a picture of another type of nursing home for the aged came to my mind.

I have recently visited this home. It was at supper time. About fifteen elderly men and women were gathered in the living room listening to a radio. They looked just like our own old folks do in private homes—happy, contented. Presently one got up and said, "It's time to get ready for supper," and they all started for their rooms to wash up. One old man continued to sit and an old lady said to him, "Be sure to turn the radio off, Mr. B., and save the electricity."

I am enclosing a picture [see cut] of this home which is run by graduate, reg-



# WILL YOU HELP FIGHT AMERICA'S No. 1 SKIN DISEASE ATHLETE'S FOOT

(FUNGUS INFECTION OF THE FEET)

The startling conclusion of recent surveys is this: In the U.S. today, approximately 7 out of every 10 persons over twelve years of age are infected with ATHLETE'S FOOT; and the disease is as common among females as among males.

Now from all parts of the country come reports that with the aid of a new Mennen product-Quinsana Powder-a new degree of success is being obtained in the treatment of Athlete's Foot. "Symptoms cleared up in short time," "Use of Quinsana in shoes as well as on feet apparently checks disease more quickly and greatly reduces likelihood of reinfection"... Statements like these POWDER WAS USED.

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are being received daily.

These individual reports are more than substantiated by results obtained with Quinsana Powder in large-scale tests. In various mass-eradication projects the incidence of Athlete's Foot has been reduced to PRACTICALLY NOTHING -WITHIN 30-DAY PERIODS. In these tests NO OTHER MEDICATION THAN QUINSANA

### **NEW 2-WAY TREATMENT**

Quinsana Powder is used TWO WAYS-(1) ON FEET; (2) IN SHOES. Treatment of shoes (as well as feet) is indispensable, since the Athlete's Foot fungus thrives in shoe linings, and unless killed, generally causes reinfection. (Ointments and liquids cannot conveniently be used in shoes, but Quinsana Powder can-thus helping to prevent reinfection.)

Quinsana creates on the skin an alkaline condition under which the fungus causing Athlete's Foot cannot live. This fungicidal action is made still more potent by the medicaments in the powder.

Quinsana Powder can be used continuously over long periods of time without irritating the skin.

The need for a drive against Athlete's Foot is great-your co-operation is urged now. If you have not yet received Quinsana Powder for testing, write for largesize tin to:

QUINSANA DIVISION "R," THE MENNEN COMPANY, NEWARK, N. J.

istered nurses, not practical nurses—a home where the old people get a real break and the best of care. Even in homes of the well-to-do these old folks could not be given more consideration and real service.

A. Louise Dietrich, R.N., Gen. Secy. Texas Graduate Nurses' Assoc. El Paso, Texas

[R.N.'s thanks to Miss Dietrich for this interesting information ... The Houston Graduate Nursing Home was opened for operation in October 1939. It is owned and managed by two graduate nurses-Alma Scholes as supervisor, and Marie Wroe as superintendent of nurses. Seventy-nine patients are now receiving expert attention for a variety of ailments. All nurses are on eight-hour duty with a half-day off a week and a paid two weeks' vacation annually. Says Miss Dietrich, "Our aim for the future is the registration and licensing of all nursing homes entirely under the supervision of graduate nurses."-THE EDITORS

#### EIGHT-HOUR PLUG

Dear Editor:

While convalescing from a recent operation, I came across your April issue. From a layman's viewpoint, its most interesting feature was the D & C department. These letters show that at last some real thought and effort is taking place to bring about better economic, social, and working conditions for the profession.

I would like to see all nurses get the eight-hour day. Having had eight-hour as well as twelve-hour nurses, I can vouch for the greater attention and efficiency rendered by nurses on the shorter schedule.

However, long hours can only be abolished by a concentrated movement on the part of those affected, assisted by all fair-

#### NOTICE!

Several interesting—but anonymous—letters from Toledo were received this month. R.N. does not publish communications from unknown sources. Won't these readers identify themselves so that their remarks may appear in a forthcoming issue?—THE EDITORS

minded legislators, doctors, and citizens, Unity... is vitally important if success is to be the ultimate result. Success will come only if you nurses are willing to sacrifice and strive for the eight-hour day.

Let us hope that R.N.'s 100,000 subscribers will lead the way.

J. A. Dougherty Collingsdale, Pa.

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C.O.D.

Dear Editor:

I have been meaning to write you to tell you how much I enjoy R.N. I particularly like the opinions voiced in "Debits and Credits."

I was interested in the suggestions about collecting fees... Shortly after I began private duty, my doctor advised me to ask for my salary at the end of my first week. If it wasn't forthcoming, he suggested that I mention that I, too, had weekly expenses to meet and couldn't afford to stay on duty without a fee.

Most of us have sense enough to recognize when there is some legitimate reason to delay paying the nurse, and when patients are just putting us off. My experience was that I never lost more than a week's pay on a case because, if they were unwilling to pay me, they had to look for another nurse the second week.

Mary Elizabeth Cross, R.N. Alameda, Calif.

MEN

Dear Editor:

I wish to thank R.N. for the publication of the letter which I wrote some months ago. I have had several replies from doctors and male nurses.

This letter of mine apparently started something. I read with interest the reply from the nurse in Cosmopolis, Wash. I am afraid she is not well acquainted with the training of male nurses.

First, I think every man will agree that the male nurse works for his advancement just as hard as the women do. We, however, are handicapped by the limited number of schools giving courses for men. At present there are only about fifty such schools in the entire country.

Second, men spend at least two years and, in most hospitals, three years in training.

SAL HEPATICA + WATER.

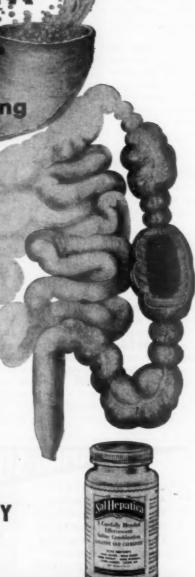
= LIQUID BULK for smooth intestinal flushing

As Sal Hepatica is administered in water, it attracts or retains (by osmotic action) sufficient liquid bulk in the intestines to effectively activate, flush and lubricate the bowel. What could be more gentle than liquid bulk to carry off waste in constipation? Sal Hepatica also helps offset excessive gastric acidity and stimulates bile flow . . . accessory aids in some cases of constipation.

1704 physicians out of 1954, who stated in a recent survey conducted by eight leading medical journals that they used a laxative in treating colds, selected a saline laxative as first choice.

BRISTOL-MYERS COMPANY

19-D West 50th Street . New York, N.Y.



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Third, in some respects men nurses receive better training than women nurses. Many of the hospitals preparing men have no orderlies. This gives the men nurses a better understanding of hospital management. I myself trained in a hospital which did not employ orderlies. I can truthfully say that I feel myself much better equipped than some of the other men nurses who did not have this opportunity.

I am sure other men nurses will agree with me that the reader from Cosmopolis should be more cautious when writing about training for men. I think she should investigate such matters more thoroughly before coming to such sweeping conclusions...

H. Richard Musser, R.N. Philadelphia, Pa.

[Men readers will be glad to know that at least 100 similar letters of defense have been received. R.N. will publish an article on the man's point-of-view very soon.—
THE EDITORS]

#### STAFF COUNCIL

Dear Editor:

At present I am employed in a hospital that is completely staffed with registered nurses. Owing to the construction of a new hospital building, the nurses' home has to be vacated.

Can some of your readers offer suggestions on organizing an advisory unit to look after nurses' welfare, now that they are all to be living out? Previously we had a "House Council" made up of representatives from each nursing service in the hospital. The council met each month to discuss any questions or problems

which might arise, and to arrange social functions.

We all feel the council helped us and would like to retain its advantages.

R.N., Flushing, N.Y.

### BOUQUET

Dear Editor:

I made excellent use of R.N. when I established an hourly nursing service in my own home town. I got the idea from Miss Craig's article published in your July issue last year.

Thanks for your well-written articles and stimulating subject matter.

Evelyn Albrecht, R.N. Berkeley, Calif.

### CALIFORNIA JOBS

Dear Editor:

I'd like to reply to the recent letter from R. Darling of Los Angeles, about the lack of opportunity in California.

I was a general duty nurse, not a graduate of a Los Angeles or even a California hospital, and have enjoyed a most pleasant two years here with steady employment. Just recently I secured a position as an office nurse for a doctor I met through the hospital in which I had been working.

Outside nurses do have a chance! We have some of the biggest, best equipped, and busiest hospitals here. I know many nurses from other States who have found steady employment within a short time.

I don't believe a nurse would be taken off a hospital's payroll for no apparent reason. From what I've seen, hospitals are busy and could use more nurses...

R.N., Los Angeles, Calif.

#### Besides being so ef-·Soothes irritation fective for the symptomatic Allays burning relief of eczema, Resinol Ointment is equally com-Relieves itching forting for skin irritations Stays in contact due to summer's heat. Keep Hastens healing ESINO it handy-use it freely-enjoy · Does not smart its pleasing effect. Send for a professional sample. Resinol, RN-12, Baltimore, Md. when applied 11/4 ounce and 31/2 ounce jors

# A new B-D Ace Bandage specially designed for women



# ... inconspicuous under silk hose—and inexpensive

Women patients with varices or any other condition which calls for bandaging the calf of the leg, will welcome this new and inexpensive ACE Bandage-the No. 4. The flat woven edges and mercerized finish combine to make this new bandage almost imperceptible under silk hose. Like other ACE Bandages, the No. 4 is elastic without rubber, and washable. Prices are but little

above those of regular style ACE. A copy of the ACE BANDAGE MANUAL FOR PHYSICIANS is available on request. Twenty-four pages, fully illustrated, giving details of bandage uses and bandaging technique, including the ACE Bandages in circulatory and visceral support, in cases of sprain and fracture, for athletic use, and many others.

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No. 4-2", each......

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Becton, Dickinson & Co., Rutherford, N. J.

# "If wishes were horses-"

Ambitious? Hitch your wagon to a realistic star, says this psychiatrist. Author of "Emotional Hygiene," advisor to many nurses, she writes this practical prescription.

### BY CAMILLA ANDERSON, M.D.

"If wishes were horses Beggars would ride . . ."

 Remember hearing Grandma spout those words when you were so-high?
 Though she never went so far as to explain it, her meaning was quite clear:
 Too much wishing; not enough doing.

Grandma was a hellion for action. "If you want to make anything of yourself," she might have said, yanking you out of bed of a cold winter morning, "you'll have to get up and get go-



Budgeting for the future takes courage. Dreams aren't enough.



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Refuge in tears may be just another escape from reality.

ing. Lying a-bed wishing isn't going to do you any good."

Grandmother had the right idea. Wishing isn't enough to bring us the things we want most. Yet it is still human nature to wish more often than to act. We might expect that you and I should escape this human failing. Alas! We do not. Like the rest of human kind, we turn to phantasy for satisfaction and achievement. Sometimes our activities accomplish little more than to relieve stored-up tension. Sometimes our phantasies are a downright handicap to our professional and personal progress.

What makes us turn frequently from reality to phantasy? What makes us spend more time wishing than doing?



What if you don't agree with the rest of the staff. Self-expression will help build self-confidence.

Isn't it rather childish behavior?

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It is. And there's your clue. Most of us forget we were all born infants.

You recall, of course, that one outstanding characteristic of the infant is that his wishes seem to be omnipotent. Without any personal effort he wishes or, what amounts to the same, he phantasies—certain events, and lo! they come to pass. He wishes for attention; it comes. He wishes for a comfortable sensation in his midst, and there is mother's breast. He phantasies more comfort around his bottom and presently comes a dry didy. All this arrives by reason of no logical act on his part. He reaches the desired objective, so it seems to him, merely through his mental-emotional processes.

To be sure, he is often vociferous when his wishful thinking does not bring speedy results. But crying can hardly be credited as a first step toward personal fulfillment of his needs. The only thing it can be said to accomplish is exercise of his muscles and change in his respiratory rate.

When we are a little older, we outgrow in large measure the cry pattern of earlier days. Occasionally, however, a few well-timed tears get results as effectively at thirty as at six months. It's natural, therefore, that some of us should continue to cherish this tech-

nique if it works. But it is no more a step toward fulfillment here than it is in the case of the baby.

Our more usual devices for gaining satisfactions are the fine arts of wailing and phantasy.

Anyone who cares to listen can hear tales of woe from scores of people every day about the state of the nation, the depravity of politics, the decadence of this or that school of thought, the impossibility of their jobs or their employers, or how they wish they could lose twenty pounds. Of these scores who wail, how many do anything about it?

The more dynamic among them may decide to vote the other ticket next election. They may air their complaints in a "letters to the editor" column. Or they may decide to diet or swear off candy during Lent.

But for the rest, wishful thinking is the only activity that develops.

Psychiatrists have a new explanation for an old and accepted concept. They seem to think that the trouble with many of us is that we lack ego, or selfhood, which develops in us by experimentation and contact with reality. Our self-confidence is weak because of our

mentation and contact with reality. Our self-confidence is weak because of our unwillingness to cope with real situations.

They say that this sense of capacity

Why?

or sureness in relation to all sorts of things, develops in a manner comparable to the development of a muscle. We all know that if a man wants strong biceps it will not do him any good to read books on physical culture, or to go to prize fights, or to resort to prayer. His muscle grows stronger in size and

capacity only as he uses it.

As we do what we can, our capacities increase. If the baby had done nothing about his wishes but wish, he would not have become competent later to fulfill them himself. But he did what he could. He wriggled and struggled and exercised every muscle and almost stretched his lungs to pieces, and thereby grew stronger. His capacities gradually increased through use until one day he could step up to the head of the table and carve the duck himself, or go to the toilet unaided.

All this may not appear at first blush to relate to your problems or mine. But let's examine the record more closely. You and I began as babies; we tend to become emotionally adult no more rapidly than do other individuals in other professions. We, like the rest of the world, utilize infantile behavior patterns to reach our desired goals. Many of our efforts—as with the baby-do no more than release

stored-up pressure.

Unused or undischarged tension may create considerable havoc in a personality. We all try, therefore, to provide some mode of expression. The child indulges in a temper tantrum; the adolescent resorts to athletics or periodic jitterbugging. For the adult, however, physical expression of inner tension is not enough. We must go several steps further and direct our energies into constructive action.

To get right down to brass tacks:

Take the simple matter of speaking your mind in nurses' meetings. At first, you do not feel confident enough to have an opinion which goes contrary to the one generally voiced. But what

difference does it make if you do get stage fright? If you have the courage to try, someone else will do the same. There are probably several things you will be accomplishing at one time. You will be trying to put your thoughts and feelings into words (and the very effort at verbalization assists in clarifying one's thoughts). You will be developing the technique of presenting your ideas in public. In this, as in all other aspects of growth, you become by doing. You become competent by practice and not through phantasy or wishful thinking.

Perhaps you will lose your job, you think, if you express an opinion.

Yes, that is possible—remotely. But there are times when it is more important to grow inwardly than to hold

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Whatever the problem-wages and hours, unfair competition, or militarism in schools of nursing or the profession itself-you can handle it in any one of several ways. You can phantasy all the good things and stop there. You can not merely phantasy these as accomplished but you can also howl loudly about them in and out of nursing circles. Or you can make first, and second, and then third steps toward an intelligent solution of the problem. This latter, however, requires insight into the real situation. Among other things, it involves understanding the nature of the barriers to accomplishment and the mechanics of approach.

You must hear—as frequently as I do—from fellow workers that a particular job is unsatisfactory. And then, when you inquire into the situation, you find that the complainer has failed to take either of two necessary steps. He has not made a conscientious effort to modify himself in relation to the job. Or, he has not seriously tried to

find something better.

Much as we hate to admit it, instances like this are examples of infantile behavior. When we become of age we are [Continued on page 34]



BY ALLEN KLEIN, PHAR.D.

• Vitamin K stands out as one of the latest of the therapeutic stars which are now brightening the medical horizon. The story of this chemical in the treatment of hemorrhagic conditions (particularly obstructive jaundice or biliary fistulas) can be briefly outlined.

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It has been demonstrated that the plasma of patients with Vitamin K deficiency contains an abnormally limited quantity of one of the important blood-clotting factors, prothrombin. Lack of prothrombin causes the bleeding which increases the hazard to the already poor-risk jaundice case. Investigators concluded that Vitamin K plays a vital role in raising the prothrombin level and maintaining it at normal.

Because Vitamin K possesses the solubility properties of fats it cannot be absorbed unless bile is present in the intestines. The exclusion of bile from the intestine, in cases of biliary fistula or common-duct obstruction, suppresses Vitamin K absorption. The prothrombin level is lowered, with subsequent tendency toward bleeding during and after surgery. Therefore, bile or bile salts are administered with Vitamin K.

Credit a Copenhagen scientist, Dam,

with the first experiments leading to the discovery of Vitamin K in 1929 and 1930. Feeding newly-hatched chicks a specially purified fat-free diet, he observed that they developed hemorrhages in skin and mucous membranes. It was evident that a fat-soluble substance was essential for the prevention of a certain type of bleeding tendency.

Dam, Almquist, and others prevented the hemorrhages by daily supplementing the diet with spinach, alfalfa, or kale. Tests showed that none of the known vitamins in these foods were responsible for this antihemorrhagic activity. The Danes termed the unknown material Vitamin K from the Danish word for coagulation, koagulationsvitamine.

Progress was made on the Vitamin K front when Quick and associates pointed out that a low prothrombin existed in obstructive jaundice and biliary fistula. Such cases, they said, might be deficient in Vitamin K through lack of bile in the intestine. Animal tests by Greaves and Schmidt showed that this could be true.

First to report the new vitamin beneficial in the treatment of obstructive jaundice were investigators from the Iowa State University College of Medicine. Administration of bile and a Vitamin K extract brought about a rapid rise in prothrombin in four patients afflicted with obstructive jaundice or biliary fistulae. Two other patients with damaged livers did not respond.

Soon reports from various parts of the United States and Europe verified the efficacy of Vitamin K as an antihemorrhagic factor. Typical is this report from Olsen of the Columbia University College of Physicians and Sur-

geons:

Nine of fourteen patients had potential "bleeder" plasma clotting-time. Preoperative Vitamin K, in daily dosage averaging 1,000 units (with 4 grams of bile salts) reduced the clotting time to normal or near-normal within three to seven days in thirteen out of the fourteen patients. The clinician observed "almost dramatic improvement in the coagulation of the blood which we believe can occur within 38 hours (perhaps less) after the administration of this material by mouth." He summarizes: "It [Vitamin K] prevents postoperative bleeding and greatly facilitates wound repair.

Vitamin K has been derived from various food materials such as hogliver, oil, cabbage, spinach, and tomatoes. Putrefied fish meal and alfalfa have been the outstanding sources to

date.

The chemical structure of Vitamin K appears to be somewhat involved. Generally, however, it seems that the chemical contains a quinone structure. A number of other chemicals with quinone structures have made their appearance and have been reported to exhibit the same therapeutic propensities as Vitamin K.

Although requirements of the vitamin in jaundice must await further work, this much can be taken for granted: Amounts to be given will depend largely on the duration of the jaundice, the degree of hepatic injury and the state of hypovitaminosis present. The latter may be calculated by determination of the prothrombin level.

Oral administration of the crude concentrate of Vitamin K has ranged from 200 mg, to 8 grams daily depending on the individual patient. Where feeding by mouth is not feasible (in the presence of nausea, for instance), the vitamin has been given intravenously, intramuscularly, via duodenal tube or a T-tube. Bile or bile salts are taken simultaneously with the vitamin. As for toxicity, doses many times that of the therapeutic dose have produced no harmful effects.

Relatively unaffected was the bloodclotting time in conditions which show no K-avitaminosis—hemophilia, menorrhagia, metrorrhagia, and essential hematuria. But the case for Vitamin Kadministration to mothers prior to delivery, and to infants after birth, seems to become more substantial with every

passing month.

Several reports cite the low prothrombin level in the blood of the average infant. Waddell and Guerry state, after a study in which Vitamin K was used in a number of newborns, "apparently the Vitamin K concentrate will markedly lower the prothrombin clotting-time in the first few days of life and maintain it at a safe and surprisingly common level." They imply that use of the new drug may play an important role in reducing infant mortality during the first weeks of life.

Recently, investigations at the Mayo Clinic demonstrated that a number of other disease conditions can alter the metabolism of prothrombin so profoundly that spontaneous hemorrhage may occur. These include intestinal obstruction, intestinal fistula, gastric retention, sprue, colectomy, and chronic ulcerative colitis. Administration of Vitamin K and bile salts by mouth or enterostomy tube, and of Vitamin K alone by intramuscular injection, was considered specific treatment of the associated prothrombin deficiency.

# Support the A.N.A.

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fe. Mayo • R.N. has been a little puzzled lately by the number of letters which come in asking, "Why should I belong to the American Nurses Association?" The answer to that question, it seemed, should be obvious to the majority of nurses.

Actually, only a little more than half the nurses eligible have membership in their professional association. Yet the A.N.A. for decades has functioned consistently and constructively in the interests of nurses and their patients. Can any nurse afford *not* to be part of this movement?

The association's record needs no eulogy here. But some of us, discouraged by the slowness of organization machinery, don't recognize progress when it is actually made. For instance, we fail to credit the strides made toward the eighthour day because many nurses still do not have it. We accept improved standards of nursing education, of living and working conditions, but ignore the A.N.A. effort which made these things possible. We criticize the cost of statistical surveys and the amount of time they consume, forgetting to look ahead to the good they may accomplish. Isn't this a bit impulsive?

Aside from the A.N.A.'s program, membership makes available to every nurse the chance to participate in activities influencing her professional welfare. That advantage alone should justify membership, inspire further support.



try. For a whole week, delegates and observers attended meetings, heard discussed two years' accumulated business of the A.N.A., N.L.N.E., and N.O.P.H.N. They packed hotels, jammed the convention hall, rolled off a phenomenal amount of business in record time. Official hostess for the Quaker City was Ida F. Butler, convention manager. She is shown above (left) with May Kennedy of the New York League.

Opening night, May 12th, drew a capacity audience to the Opening night, May 12th, drew a capacity audience to the Academy of Music. Impressive with quiet beauty, services commemorating the birthday of Florence Nightingale officially launched the 1940 Biennial. Above is a small section of the sponsoring group, the Pennsylvania State Nurses' Association. Members are in full uniform for the occasion.

tighlights

Everyone took time out for fun. Philadelphia's opera, its art museum and Rodin collection, beautiful Fairmount Park and the scenic Schuylkill River all received their share of attention. Motor parties visited historic Value toric Valley Forge; others inspected Independence Hall, Betsy Ross' house, and other early American landmarks. But history's chief rival was modern science and industry represented in the convention's commercial exhibits. Armed with donated shopping bags, delegates spent hours on the exhibit floor, loaded up with samples and souvenirs offered by exhibitors.



Interest in mechanical displays was typified by the rapt expressions of these three nurses from Milwaukee's Mt. Sinai Hospital. They are Ila Rainier, Germaine Lacy, and Kay Kallus.

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Election of ballot cast Almost un

> Demons Elizabet nursing



European war cries made American Red Cross meetings especially significant. Most delegates unofficially admitted they would enlist "in a minute" if given the chance. All deplored the suffering and extravagant waste of aggression, authorized the A.N.A. to send a resolution to Washington offering the President the support of nurses in "any national emergency." Below, two Red Cross leaders: Mary Benrd, nursing service director (left), and Mrs. August Belmont.

Election of officers is one of delegates' chief tasks. Each hallot cast represents the wishes of nurses back home. Almost unanimously, the convention re-elected as president, Julia C. Stimson; vice-president, Katherine Densford; second vice-president, Pearl Mclver; secretary, Mary A. Hickey; treasurer, Emma M. Nichols.

# HE940 BIENNIAL!



Photos: Philadelphia Inquirer, Ledger Photo Service



Demonstration of this modern milk evaporator intrigued Elizabeth Wetherill and Marie Craig. Both are currently nursing in Hightstown, N.J.



Ice-cold soft drinks were free. Here Helen Kearney, Montclair, N.J., and Jessie Brown, Passaic, N.J., refresh themselves, agree conventions are fun.

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### REACTIONS

• Typical reaction of human organism to its environment.—The human organism, like all biologic entities, reacts constantly to the many forces of its environment. Light, heat, cold, moisture, food, water, and other factors produce a physiologic response which is established and predictable in normal individuals. Certain other forces, such as poisons, also produce a predictable reaction. This reaction, however, is not physiologic, but rather harmful to the host.

So-called normal environmental stimuli may become harmful if modified in their intensity. Within limits, moderate heat produces a mild hyperemia which does not lead to untoward effects. Extremes of temperature, on the other hand (such as intense heat or freezing), lead to tissue destruction.

Atypical reactions.—Certain in-



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dividuals react abnormally to stimuli which in themselves are not regarded as toxic, and which are tolerated without reaction by so-called normal persons. This altered response forms the underlying conception of allergic reactions. The abnormal reactivity of the allergic patient may be congenital, acquired through acute sensitization, or may develop spontaneously without apparent cause.

The change in the sensitive individual which is responsible for the altered reaction is not known. An unidentified substance, presumably similar to the chemical agent histamine, has been demonstrated in the blood serum of these patients. Allergic reactions may

be related to abnormal adrenal function, to disturbances of the salt balance of the blood, or to a mechanism entirely unknown at the present time.

What produces allergic reactions?-The known stimuli or allergens which produce allergic reactions are numbered in the hundreds. Every conceivable food, article of clothing, plant and vegetable product, animal fur or hide, drug, or object of physical makeup has been described as a possible offender. Furthermore, agents such as heat, cold, wind, sunlight, and cutaneous friction may produce allergic reactions. Some investigators have postulated hypersensitivity of the individual to his own internal secretions as a possible explanation for some allergic reactions of obscure origin. As can be seen, allergens need not be protein substances.

The allergen can produce its characteristic response by coming into contact with the organism in one of a number of ways. It may be ingested, inhaled, or contactually applied to the skin or a mucous membrane surface.

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Types of allergic response.— The nature of the response to the allergen is fairly well defined. The reactions may be grouped as edematous, hypersecretory, hyperemic, smooth muscle spasm. Edema is common, and is seen in hay fever and in urticaria; in the former it is localized in the nose; in the latter, in the skin and mucous membranes. Hypersecretion is observed in the nose in hay fever, in the bronchi in asthma, and in the conjunctiva in urticaria. Hyperemia is characteristic of virtually all allergic reactions. Smooth muscle spasm is the underlying mechanism of asthma, resulting in narrowing of the bronchi and in respiratory embarrassment. Other signs of allergic reactions—enlargement of the lymph glands and the spleen, pyrexia, and headache—are due to an obscure mechanism. Many diseases, such as migraine, are thought by some authors to be of allergic origin. Other writers feel that certain irregularities of function of the abdominal viscera may occur on an allergic basis. Intensive research is being conducted in all these fields.

Identification of allergy.—Allergy is usually suspected on the basis of the patient's history. Symptoms suggestive of hay fever or asthma promptly arouse suspicion. An asthmatic attack at a given time of the day, or intense nasal hypersecretion at night, indicates an allergic etiology.

Unless the clinical picture is that of a seasonal affection, elaborate testing is required to detect the offending stimuli. The number of possible responsible allergens investigated is determined by the completeness of the physician's materials for diagnostic testing.

Fortunately, the skin is sensitive to the materials to which the organism reacts. It responds to the presence of the allergen by the development of a wheal. This lesion, not unlike an insect bite in appearance, consists of a raised area which gives the impression of being filled with fluid. The overlying skin is either blanched or red, and itching is usually experienced. The wheal slowly becomes larger, and finger-like extensions or pseudopodia emanate from its periphery. The size of the lesion is roughly proportionate to the degree of the hypersensitivity.

Skin testing is performed by the scratch method, the intradermal method, or the patch test.

In the scratch method, a sterile needle is used to remove the superficial layers of the skin over a small area. No blood or serum is drawn. A small amount of the allergen is placed over the scratched area. If the patient is sensitive, a wheal forms within 15 minutes.

In the intradermal method, about 0.1 c.c. of a solution of the suspected sub-

stance is injected *into* the skin. A wheal indicates hypersensitivity.

The patch test is used for testing such substances as powders, drugs, and articles of clothing. A small amount of material is placed on the flexor surface of the forearm and fastened with gauze and adhesive tape. In the sensitive patient, a dermatitis is produced at the site of contact.

At times the ocular test is employed. A small amount of a solution of the suspected allergen is dropped into one eye. A positive reaction consists of edema of the conjunctiva, redness, and lacrimation.

The allergic conditions which are of immediate concern to the nurse are serum sickness, anaphylactic or serum shock, urticaria, hay fever, and asthma. The first two must be anticipated whenever serum is administered, and proper precautions must be taken to prevent their development if possible.

Serum shock .- Prior to the administration of any serum containing a foreign protein, the patient should be skin-tested by means of the intradermal method. While some physicians advise testing only in cases of known sensitivity or in patients who have previously received serum, the safest procedure is never to administer serum without first determining the presence or absence of hypersensitivity to the protein contained in the serum. A positive reaction calls for desensitization, which is accomplished by giving an initial dose of 0.1 c.c. of the serum, and doubling the quantity every half hour thereafter. If 0.5 c.c. subcutaneously is tolerated without apparent reaction, the same procedure is repeated intravenously.

Sensitivity to the protein of a serum is usually produced by previous injection of that serum. Most immune serums are obtained by inoculation of horses; hence, horse serum reactions are most frequent. Some persons who

have never received horse serum are hypersensitive to this serum protein. It is believed that contact with animals is sufficient to create sensitization. A trend is growing at present toward the use of other animals for the production of immune serums. Many types of pneumonia serum are now obtained from rabbits. This practice should materially decrease the incidence of untoward reactions.

Despite utmost precautions, serum shock does occur, and may prove fatal. It develops suddenly, and is ushered in by an overwhelming sense of apprehension. The entire skin surface quickly develops many urticarial wheals. Breathing becomes difficult, and frothy, bloody sputum is expectorated. The eyes become edematous and bulge. In severe reactions, the pulse is rapid and thready, and collapse may supervene.

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Serum shock, which occurs most often when serum is given intravenously, appears frequently before the needle is withdrawn from the vein. At times, it may not develop for a half-hour.

A syringe containing 1 c.c. of 1:1000 epinephrine solution should always be held in readiness whenever serum is given intravenously. At the slightest indication of serum shock, the injection is stopped and the epinephrine is administered intramuscularly, or intravenously if the reaction is great.

Serum sickness.—In excess of 10 per cent of all patients who have received serum, and even in those with negative skin tests, serum sickness develops from seven to fourteen days after the administration. The incubation period is shorter in those patients who have received large amounts of serum, and in those who were previously sensitized.

The condition develops quickly and without warning. Intense itching of the entire skin surface is experienced. Shortly thereafter, large, diffuse, urticarial wheals appear. The face and eyelids become [Continued on page 38]

# live alone?

BY ROXANN

 Maybe it was because it was Spring. Maybe it was just the locker-room chatter at the nurses' home: "My apartment has the loveliest Venetian blinds and a darling kitchenette" . . . . "We had the jolliest crowd in for Sunday night supper and bridge" . . . . "Yes, the nurses' home is all right, but it's wonderful to have your own door key and your name in the telephone book." And so on. It sounded so homey and civilized, I thought, retreating night after night to Room 824 with its standardized furniture in its standardized arrangement.

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"What," I asked myself, "am I getting out of life?" I found myself developing the habit of eavesdropping on these home-lovers' dissertations-and confiding my envy to anyone who would

That's how I happened to strike up a conversation with Jean Long. She was specialing a gall bladder on 2B, and I was making rounds. I forget how I happened to mention that I was thinking of taking an apartment.

"Apartment?" sniffed Jean. "Heavens! I'd choke in those one-room pillboxes they call apartments in this town."

I rocked back on my rubber heels. "What would you suggest?" I gasped.

"I have a small house-just four rooms-in one of the less expensive suburbs. Commutation isn't bad, and I love having a place all my own.

I couldn't believe my ears. A nurse with a house. A whole house. All to herself. Turn the page



"I leaped around a bit, tossed a ball to a neighbor's dog...Now I could really Live."

"Don't you get lonesome?" I asked.
"Well, yes; I do sometimes. But you have to be pretty careful who you take in . . . . Come on out to lunch, and I'll show you the place."

I went. I saw. I was conquered. Instead of my little 7 x 10 cell, here was a four-room cottage with miles of windows, and sunshine streaming in; trees and grass all around; and to cap the climax, a stone fireplace in the living room. I couldn't believe it when Jean, who had been keeping a wary eye on my reactions, invited me to share all this. I sent out my trunks and my books the following Saturday, before she could change her mind. True, I knew Jean only a short time, but she seemed quiet and sensible, and I was sure we would get along well.

I could hardly wait until noon Saturday to get out to my little home in the country. It was one of those gorgeous days made to put the beauty parlors out of business. Too bad Jean had to be on duty in the city. I slipped into a bathing suit and went out in the back yard to stuff myself with ultraviolet rays. I leaped around a bit, tossed a ball to a neighbor's dog, skipped rope for a minute or two, and then stretched out on the grass with a fervent prayer of thanksgiving that now I could really Live.

I was having a shower when Jean came home. She yelled through the door cheerfully, "Take it easy on the hot water, willya? It's an automatic tank, you know. Set for only so much." Evidently the "so much" mark was reached at just that moment, for an icy trickle ran down my back. But in the first flush of my enthusiasm over this back-to-the-land movement, I decided that a warm, sudsy, slow, brimming tub isn't everything in life.

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I came out beaming, wrapped in a towel and puffing a cigarette. Jean looked a little startled at my toga-like attire, and she frowned slightly at my cigarette. A few moments later she headed for the kitchen and returned with a saucer. "You'll have to use this for an ash tray," she said.



"Jean looked a little startled...'You'll have to use this for an ash tray,' she said."

"'What is it—the county fair?' I rasped, pulling my eyelids apart."

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"Oh, don't you smoke? Won't you have one with me?"

"No, thanks. I don't really mind—although it does make the curtains a little smelly. But I think it sets a bad example for young people. Not everyone has the strength of character to control his appetites."

I thought that one over while I went to my room and dressed. "Have you had dinner?" I called. "How about getting something and

cooking a snack here?" I yearned for a home-cooked meal of my own choosing after months of hospital and restaurant food.

"I suppose we could," Jean answered, "but I don't get any pleasure out of messing around a kitchen. Besides, it's just as cheap to eat out, when you count up gas and everything." Her voice was reasonable and friendly, and no doubt she was right. We had a table d'hote beginning with canned fruit cup and ending with rubbery gelatin.

It was Saturday night and I wanted to go places and do things, even if it was only a movie. But Jean said, "I always try to go to bed early one night a week. You won't mind?" Yes, my first diagnosis was correct. Jean was sensible. As we walked home, she told me that she was off her case . . .

I curled up in bed with a new autobiography, and presently I realized that the walls of the little cottage were not soundproof. Saw-like noises through the thin wall told me that all was peaceful with my hostess and landlady. The clock ticked around to midnight, but the delicious prospect of a lazy



Sunday morning led me on. At two o'clock I switched out the light.

It seemed that I had just closed my eyes when there was a horrible buzzing in my ears. I sat straight up in bed. A bar of sunlight shot across the dresser—the clock said 7:30. The vacuum cleaner whooshed and whoofed, and made a nice obligato to Jean's high-pitched song. I dove back under the blanket and tried to stuff it into my ears. It was no use. The smell of coffee was in the air, and there was the voice of my Jeanie-with-the-light-brown-hair. "Time to get up," she called liltingly, with a rising inflection that had a fine background of determination.

"What is it—the county fair?" I rasped, pulling my evelids apart.

"You can't waste this beautiful day sleeping. It's good for you to get up early. You should have gone for a walk before breakfast, as I did!" She was cheerful and kindly. And she was dead serious about the morality of living the good life. So I dutifully got up and dressed fully and ate my breakfast and went back to [Continued on page 36]

# Radio'S HEALTH-KEEPER

AN INTERVIEW WITH MABLE PHELPS, R.N.

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Miss Phelps presides over this modern first-aid room in Radio City, New York.

• "I got my job with the National Broadcasting Company because I had white hair."

Mable Phelps, head nurse in the superbly equipped NBC first-aid room in New York City, startled me with that statement. Then she explained:

"I was nearly forty when the industrial company for which I had worked for sixteen years went bankrupt. I thought I hadn't a chance to compete with younger nurses. But NBC Studios wanted an older woman for this job. They think age and experience are an asset in industrial nursing!"

And an asset they are—especially when age and experience meet as attractively as they do in Miss Phelps. She is a study in pink and white, a smiling and happy woman, with that indefinable air of reassurance that makes really good nurses. She handles the rushing nursing business of one of the world's largest broadcasting systems with the energy of several twenty-year olds.

Through her spacious office flows a constant stream of first-aid "customers"—radio artists, page boys, engineers, lawyers, television experts, mail girls, and hysterical members of the studio

audience.

"My work isn't like any other nursing job." Miss Phelps confides, busy over a heat lamp for a strained shoulder. "I don't get heavy accident cases, or severe burns. But I do get the most beautiful neuroses you ever did see. I also have The Common Cold.

"Colds are broadcasting's biggest menace. Fifty per cent of the 2,000 people who come to me every month during the winter, have colds. We dread hoarseness and laryngitis here, like some people dread smallpox. At the slightest sneeze, the announcers are begging for gargles, throat spray, and

pills.

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"That's when I go into action. I say, in my most accusing voice, 'How much sleep have you had in the last week? When did you last eat a good square meal? Where's your heavy overcoat?' Like everyone else, artists and musicians don't know enough about how to keep well.

"And here's where my white hair comes in. They take a scolding from me, and learn something from it (I hope). They might resent advice from a younger person. But they tell me all their troubles, and I lecture them when

they need it.

"Our page boys, for instance. They're

all young college fellows, with no more idea of how to take care of themselves than babies. They live together, and none of them know how to cook. So I give out free cooking lessons along with the pills and the throat sprays. By the time I'm through they at least have heard of a vitamin!" Miss Phelps smiled. "They call me 'duchess' and 'mom' and all sorts of undignified names. But at least they make a habit of coming in so that I can check up on them."

Just then the buzzer rang and another patient arrived, an announcer with a slight laceration of the finger to be dressed. "Oh, by the way, Miss Phelps." He fumbled in his vest pocket. "You know I promised I'd bring you a picture of the kid. Well, there he is . . . Big for five months, don't you think?"

Mable Phelps was enthusiastic enough to satisfy even the most adoring of fathers. She hadn't time to sit down, when the buzzer sounded again. A singer on a well known coast-to-coast program sank wearily into a chair.

"Oh, Miss Phelps. I go on the air in a half-hour, and I'm so dizzy I'll never be able to go through with it. Everything is going 'round and 'round." He held his head with an air of self-pity and despair.

The nurse was sympathetic, businesslike. "When did you last eat," she ques-

tioned.

"Well, you know how it is before I sing," the artist wailed. "My digestion is pretty weak anyhow . . . So I have been going sort of light since yesterday morning."

"You've been going much too light,"
Miss Phelps announced after a careful
survey of the situation. "Now you send
out for a good nourishing drink and
go lie down on the bed in the first-aid

room. I'll call you in time. An empty stomach never made anybody a better

singer."

About seventy-five people a day visit the first-aid room during the winter months, and they complain of anything from broken finger-nails to broken legs. Audiences who come to broadcasts often have to be treated for fainting, bruises, and hysteria. The first-aid room is an important center for determining extent and cause of accidents to visitors.

The bane of Miss Phelp's existence may be colds in the winter. But in the summer it's sunburn! "You'd think people would learn," she sighs. "But the same executive who nearly died from a burn last summer comes back after the first hot weekend. And there he is, broiled to a lovely purple again."

Although she may feel an occasional twinge of despair about her patients, she treats each one with the solicitude and interest which help the cure along mightily. Hence, her clientele "comes back for more." Each one of them pays her an average of three visits a month. Out of 1,200 employees, Miss Phelps sees 1,000 one or more times during

the year.

Twenty years of industrial nursing have taught Mable Phelps a good deal about the mechanics of thorough organization of the nurse's work. She is particularly interested in doctor-nurse relationships. NBC has a doctor always on call, but the nurse needs medical supervision even when the doctor isn't there. For this purpose, a complete set of Standing Orders has been issued by the company doctor. These cover a wide range of situations from burns and constipation through angina and fractures. "Of course," Miss Phelps explains, "the nurse must decide when to use Standing Orders and when to use the doctor.

Keeping records is a hobby with Mable Phelps. She has a method of her own, fitted to the particular needs of her job. Each patient has an individual record, which is far more than the usual brief card. It notes in detail complaints (she is careful not to use the word "diagnosis") on each visit. By looking quickly down the sheet, you can tell if the patient has frequent colds, or if he is given to recurring imaginary disorders.

In addition to personal files, Miss Phelps keeps a daily report, a monthly summary, and yearly totals. The daily report is full of famous names and

common disorders.

Reports aren't just filed away in a drawer at NBC. The nurse makes graphs from them, and bright crayon charts showing the amount of nursing service given. No matter how good an industrial nurse's work is, says NBC's expert, she must sell herself and the first-aid room to her employer. If he knows what is going on, he'll be just as enthusiastic about health teaching as the nurse is.

"There isn't anything very exciting to write about me," Miss Phelps modestly insists. "But I think my job-hunting experience might be helpful to other nurses my age. People seem really to want us, and white hairs do count for something. A nurse is certainly not through at forty nowadays... She's just beginning to reap the benefits of years of good training!"—MONA HULL.

[Readers are cordially invited to suggest names of nurse-associates whom they would like to see included in this series of personal interviews.—THE EDITORS]

Do you need a physician (general practitioner or specialist) in your community? If so, the magazine Medical Economics will be glad to help you. In a special department, it now lists the names of towns currently in need of doctors, thus calling these towns to the attention of the 125,000 physicians who receive the magazine each month. Medical Economics is a business journal for medical men. The address: Rutherford, N. J.

The winners!

Not quite from Greenland's icy mountains to India's coral strand, but at least from B.E. Africa to the top of an Arizona mountain run the locales for stories by R.N.'s article contest winners. It is with renewed respect for the literary talents of the profession that we introduce to you the first four prize winners. Additional names will be listed next month.

• "Witchcraft—the adventure of a nurse in Africa" by Nora M. Steiner of Alhambra, California, wins the contest's first prize of \$25, together with the loud plaudits of R.N.'s editorial staff. Miss Steiner who is a graduate of Los Angeles General Hospital, writes from first-hand experience. In 1932,

She went to British East Africa under the Africa Inland Missions. There she rounded out four years of jungle nursing, encountering hardships not the least of which was the struggle against native su-

perstition. Now in the United States on leave, she is doing venereal disease nursing at the Ruth Home for Girls, El Monte, California. Watch for her prizewinning piece in an early issue.

• For our second prize of \$15, we jump from British East Africa to a Navajo Indian reservation. In Ft. Defiance, Ariz., Anne E. Cady holds forth in a fourteen foot trailer on the top of a 9,000 foot mountain. Lest you think her position precarious, we hasten to

say that she has been there for three years as field nurse. She explains that

the "missionary spirit" has taken her to other out-ofthe-way places. A graduate of Albany City Hospital, she turned from private duty to a job in Ft. Yukon, Alaska. Since 1915, she has been working



among the Navajos. Her prize story describes nursing in this unusual setting.

 "Writing is my hobby—as well as a dire necessity for reports," says Sue Wilson of Ozark, Missouri. She's win-



ner of our \$10 third prize, for her account of a healthadvisory visit of two public-health nurses. Her State is the land of Jesse James... also the land of trachoma and nutritional diseases. Miss Wilson

a 9,000 foot mountain. Lest you think her position precarious, we hasten to in St. Joseph, [Continued on page 34]

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, N. J.

# NUTRITION

Briefs

• The eighty-two-year-old woman's bones creaked. Nevertheless, she knelt down on the floor and dusted vigorously under her bureau. "I can do this now," she exclaimed, "because I'm stronger. I eat a banana every day."

Yes; it's a testimonial, but a scientific one, the result of a series of experiments conducted by Columbia University's Teachers College. The invigorated octo-



genarian was one of more than a hundred occupants of homes for the aged in New York who were tested to determine whether the banana is as agreeable for them as it is for the very young.

Scientists have but recently recognized the need for "protective foods" as armor against the degenerative diseases of old people. But what food would provide many nutrient qualities, at the same time being easy to digest? Lo! the tasty banana was tried and found to fill the bill!

In the experiment were old people ranging in age from 65 to 90 years. They were given one or two bananas a day for from sixteen to thirty days. Though the environments differed radically (including homes for negroes, for destitute gentlewomen accustomed to fine food, and for seamen's widows), the results were uniform. The old folks consented to eat bananas, preferred them raw, and showed no ill effects from eating them.

Important to the success of the testing was care not to arouse the aged's finickyness. In one home the old people overheard a remark about the "banana experiment," refused to eat a single banana after that! In four homes where little fresh fruit was provided, the banana furnished a much-needed supply of Vitamin C. Imagination in serving bananas wasn't generally appreciated. A few women, accustomed to plain fare, complained that banana tapioca cream and banana ice cream were "too rich." They preferred the fruit sliced over cornstarch pudding or cereals. None seemed to tire of eating it. All seemed to tire less, physically, after several days on the banana regime.-Rose and Gardner: The Banana as Food for the Aged. Journ. Amer. Dietet. Assoc., March 1940.

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• Venture out with the sniffles and at least one person is sure to advise you, "Drink a hot toddy."

If you're impudent enough to demand "Why?" your friend will probably mutter something like this: "Makes you perspire. Good for you."

It's possible there's a beneficial, but less obvious, reason for taking whiskey



when you've a cold. In a laboratory at the University of Rochester, five scientists injected ethyl alcohol into the veins of dogs, gave other pups sips of alcohol. The content of Vitamin A—the vitamin which is generally supposed to combat infections—in the dogs' serum increased immediately. It was concluded that alcohol sounds the call to action [Continued on page 38]

# New Gruen Veri Thin

## wristwatches specially designed for the medical profession

PRECISION accuracy and Gruen Veri-Thin styling make these new wristwatches ideal for nurses. Dials have full sweep-second hands. The patented Gruen Veri-Thins are 50% thinner than any popular-priced wristwatch has ever been, yet have full-sized parts for precision accuracy. Shown are four models for nurses and one for doctors—see them today at your Gruen jeweler's. Gruen watches are priced from \$24.75 to \$250; with precious stones, up to \$2500. The Gruen Watch Company, Time Hill, Cincinnati, O., U. S. A. In Canada, Toronto, Ont.

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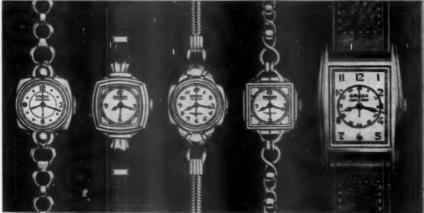
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MAYO, 15 Jewel
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# SAVE YOUR FEET

THE CLINIC SHOE will relieve you of much of the fatigue you suffer. It is a SPECIALTY Shoe, built exclusively for nurses, and other young women in white. Accurate fit, unlined leathers of quality, firm but light soles that will not slip give you exceptional comfort, needed support, a feeling of security, and a justifiable pride in your appearance.

No. 400.. White Elk Unlined Punched Oxford, Duffex White Napline Sole (light and will not slip), 12/8 White Heel\* with Nap Toplift.

No. 401.. Same style in Black Elk, Duflex Black Napline Sole. SIZES 4 to 10, Widths AAAA to C.

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PRICES \$5.00 to \$6.50 (Some slightly higher)



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# Calling

Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.

KITTY SCHUMANN: We met while affiliating at Philadelphia General Hospital. I think of her often and would like to hear from her. Does anyone know her address? Harriet Morgan Creasing, 118 Willow St., Wilkes-Barre, Pa.

ELVA KENYON: I often think of our stay at the Chendah Apartments in Los Angeles in 1925. Where are you, and won't you write to me? Elsie Schneller Faulds, Apt. 202, 11536 Woodrow Wilson, Detroit, Mich.

ALL NURSES: I am making a collection of poems about nurses, doctors, patients, and medical work in general. I'd appreciate receiving either original or published poems, together with permission to publish them in book form. If a poem has been published, please specify the publication, publisher's name and address, and name of copyright holder. A self-addressed, stamped envelope should be enclosed for return of unaccepted material. Nicholas Lloyd Ingraham, 4237 Broadway, Chicago, Ill.

MISS CODY: (Brookline, Mass.) I should be grateful for any information about this nurse. I heard from her at Base Hospital 15, Chaumont, France. Mrs. Al Biever, Alton, Iowa.

MAY MORROW: I have often thought of you and wondered where you were. I came to the United States four years after I left the hospital in Paisley, Scotland. I remember you said perhaps we would

# 5 How to solve the Skin Problems of Nurses

Which of Them is Troubling You?

STANDING for hours on end . . . hands in and out of strong solutions a dozen times a day . . . stiff, starched uniforms rubbing against tender skin . . . these are just a few of the conditions that cause special skin trouble for nurses.

Doctors originally prescribed Noxzema Medicated Skin Cream for burns and to relieve the itching of eczema. Then nurses discovered how many ways Noxzema could be helpful to them—for Red, Rough Hands—for Tired, Aching Feet—for Chang—for Burns and Sunburn—for Poor Complexions.

Today thousands of women are using Noxzema as a dainty, greaseless Night Cream and as a long-lasting, protective Powder Base to help restore complexions to normal loveliness. Over 15,000,000 jars used yearly!

Actual, unretouched photo of Red, Rough, Badly Chapped Hand.

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Actual, unretouched photo of the same hand after using Nonzema for four days.







## Special offer to Nurses

The makers of Noxzema want every nurse in the country to try Noxzema for Rough, Irritated Hands—to relieve Burns and Sunburn—Tired,

Aching Feet — Chafing and many other externally caused Skin Irritations—and to see what a grand Beauty Aid Noxzema is when used as a Night Cream and as a Powder Base. Simply fill in the coupon below — enclose 10¢ — and a regular 25¢ jar of Noxzema will be sent you.



Noxzema Chemical Co., Dept, 296,
Baltimore, Md.
Please send me your regular 25¢ size jar of Noxzema Medicated Skin Cream. I enclose 10¢ to cover the cost of handling and mailing.
Name
Address
City & State

# Match Opportunity with ACTION

TOW-while well qualified graduate nurses are greatly in demand -- why not find your permanent place of usefulness, your one best opportunity for achievement?

With its long established associations throughout the hospital and medical fields, not only in the United States and its possessions but beyond, The Medical Bureau each year assists thousands of nurses to larger opportunity.

The policy of The Bureau is to treat each inquiry confidentially; to give the candidate's problem individual and personal attention; and so far as possible, to find the one most logical place.

We are continually receiving calls for graduate nurses from fine institutions. For example:

> A hospital in one of California's leading winter resort towns needs a competent operating room supervisor. The institution has a daily average of more than 200 patients; operations average 90 to 95 each month. Salary \$120 with full maintenance.

A fine, highly regarded hospital in the vicinity of the Nation's Capitol, needs an obstetrical supervisor who is forceful, able to plan, organize and administer her department efficiently. The department is a busy one. The salary is \$125, including complete maintenance.

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The Connecting Link between Medical Organizations Seeking Highly Qualified Workers, and Selected Workers Seeking Careers in the Medical Field.

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meet again in America. I hope we will. Please write me if you read this. Caroline C. Paterson, 210 E. Stockton Ave., N.S., Pittsburgh, Pa.

JOYCE WRIGHT. MARTHA DAVIS. ERMA GREISHABER: Graduates of Essex County Hospital, Cedar Grove, N.J. Our alumnae association was organized on March 8th and we would like to send application blanks for membership to you. but do not know your addresses. Please get in touch with us at once as we are most anxious to hear from you. Dorothy C. Livesey, Corresponding Secretary, Alumnae Assoc. of Essex County Hosp. School of Nursing, Cedar Grove, N.J.

INEZ NEVINS: I hope you see this! I plan to be in Nebraska the latter part of June and want to stop in Omaha to see you. So send me your address. Helen Williams Oberle, care of Dr. Hollingsworth, 740 S. Broadway, Los Angeles, Calif.

ALL NURSES: My hobby is collecting unusual or interesting buttons. I would so much appreciate receiving some from nurses and will gladly pay postage. Eva Perham Smith, 242 Endlich Ave., Reading, Pa.

BETH-EL GRADS: (Colorado Springs.) Wouldn't you like to see or hear from your old classmates? Come to the annual homecoming banquet, June 18th, or the dinner dance June 21st. If you can't attend, please send us a greeting! Alice K. Huston, Alumnae Secy., Beth-El Hospital, Colorado Springs, Colo.

PEORIA CLASS OF '35: Remember girls, we have our Fifth Annual Reunion this year, on October 3rd, at the Sherman Hotel in Chicago. Let's all try hard to be there! Hazel Welch, Eloise Hospital, Eloise, Mich.

CLOVER JOSEPH HOWARD: Albany Hospital graduate, Class of 1929. Jo, where are you? Viola and I have tried for five years to locate you. We are anxious to hear from you. Won't you write to us? Elizabeth B. Winne, Fultonville, N.Y.

POCATELLO ALUMNAE: Will all outof-town graduates (Pocatello General Hospital) please send their names and ad-



Never again need you vainly try to scrub tough mucin-film, tarnish and food debris from stained, slimy dentures. From now on, let POLIDENT do the dirty work.

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POLIDENT-as thousands of nurses have discovered simply soaks plates and removable bridges sweet, odorless, sparkling clean and pure. NO HANDLING! NO BRUSH-ING! HYGIENIC! All you do is place the denture in 1/2 a glass of water, add a little POLIDENT, let plate soak for 10 to 15 minutes, rinse-and that's all!

#### GOOD NEWS FOR PATIENTS, TOO

Your patient, as well as yourself, will appreciate learning about POLIDENT. For POLI-DENT dissolves away all traces of dingy film and discoloration . . . soaks out odors . . . leaves plates looking LIKE NEW. Its thorough cleaning action gets into every tiny crevice where brushing can't even reach. It won't harm dentures . . . is used and recommended by leading dentists everywhere.

WRITE FOR YOUR FREE SAMPLE-TODAY. Send name and address to Hudson Products, Inc., 221 West 19th St., New York, N. Y.

### WORKS LIKE MAGIC

Soak 10-15 minutes-Rinse-That's All!

Brushing false teeth is dangerous ... as well as unpleasant. Polident minimizes danger of hand-infection from unclean plates . . . lessens possibility of scratching, dropping or otherwise damaging expensive dentures.



New under-arm

## **Cream Deodorant**

safely

## **Stops Perspiration**



- 1. Does not harm dresses—does not irritate skin.
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- 4. A pure, white, greaseless, stainless vanishing cream.
- 5. Arrid has been awarded the Approval Seal of the American Institute of Laundering for being harmless to fabric.



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AT ALL STORES WHICH SELL TOILET GOODS
(Also in 10 cent and 59 cent jars)

dresses so that we can have a complete mailing list for the hospital and the alumnae? Anne Rogers, Valentine Bldg., Pocatello, Idaho.

ALL NURSES: My hobby is collecting bells. I am trying to get one from each State and from as many foreign countries as possible. Won't you R.N. readers help me out? All contributions will be acknowledged and postage paid. Amy M. Sundquist,  $514\frac{1}{2}$  N. Fifth St., Rawlins. N.Y.

NEWARK (N.J.) NURSES: I have found a Newark Maternity Hospital pin bearing the initials "T.J.O." The owner may have it if she will identify herself to me. Violet Michalik, 339 Lafayette Ave., Passaic, N.J.

ANN O'DONNELL: Graduate of Columbus Hospital, Great Falls, Mont. I have often wondered where you are, and would like to hear from you soon. Marie Maloney Fisher, 1955 Pennsylvania St., Denver, Col.

# Relieves Rectal Pain, Itching and Distress Caused by HEMORRHOIDS

CLINICAL observation has shown that in the treatment of internal and external hemorrhoids, the use of SUAVINOL relieves itching, tenderness and inflammation; lessens rectal bleeding; and in many cases appreciably reduces the size of the hemorrhoids, causing them to recede. Healing in post-operative treatments is usually hastened, and the patient made far more comfortable, by internal applications of SUAVINOL... This soothing ointment is a balsamic extract of natural origin (5% Australian Eucalyptus Oil and 15% steam distilled Pine Oil in hydrocarbon base). SUAVINOL is non-irritating, non-toxic, non-escharotic and non-astringent. It may be used effectively both locally and intra-rectally through the special nozzle supplied with the Suavinol package.

the special nozzle supplied with the Suavinol package.
For satisfying results try SUAVINOL, the Ointment for Rectal use—made by the makers of V-E-M, the famous nasal ointment.

SCHOONMAN	CER L	ABORA	TORIES.	Inc.
Caldwell, N.	J.			
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Dr. .....

IDA SNELLING LEE: Can anyone help me locate this nurse? She lived in Los Angeles, Calif. Katherine G. Hutch, 4823 Springfield Ave., Philadelphia, Pa.

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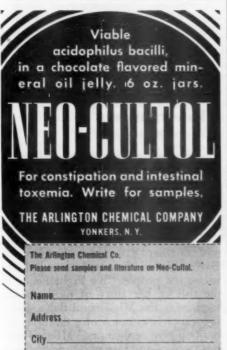
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ST. LUKE'S ALUMNAE: (St. Paul, Minn.) Class of 1908. I would so much like to hear from any and all of you. Claribel S. Miller, County Court House, Taylorville, Ill.

ALICE ROSS WEBSTER HOPE: Will anyone knowing the home address of this nurse, or the hospital in which she now works, please let me know? When I last heard from her she was doing private duty at Good Samaritan Hospital in Los Angeles. Eunice Turner Blinn, Hillsboro Ct., Nashville, Tenn.

ODEYNE BLACKWELL: Graduate of Fort Worth, Texas. I would like so much to hear from you. You were in Dallas when I last had word of you, but I've lost your address. Won't you please write to me? I. Broussard Kirn, 3319 Palmyra St., New Orleans, La.





### 'If wishes were horses'

[Continued from page 10]

expected, figuratively speaking, to desist from our enuresis or to change our own didies.

But how can I change my job or better my income if I have to be thankful to have a job at all? That's what you are probably asking now.

Well, you can hardly expect phantasy to be effective. It may, for example, take some intelligent eating to make yourself an eligible candidate for the air service. It may take intelligent rearrangement of the budget to pay for a P.G. course in a field that offers greater opportunity. It may require a little self denial. But more probably it will take some hard-headed refusals to give to your dependents all of your monthly surplus, salting away none for your own future. This is especially difficult, for it gets mixed up somehow with morals and duties and obligations. In our mad efforts to be our brother's keeper we often totally disregard the prime necessity of assuming responsibility for ourselves.

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Responsibility for oneself ought to be the first law of the land. The instances are more rare than you might imagine where this precept carried out does not work for the ultimate benefit

of all concerned.

Louis Pasteur was right when he said that opportunity favors only the prepared mind. An identical situation may confront ten people. But it is an opportunity only to that one who is prepared through training, previous experience, mind-set, personality qualifications, or cash-in-hand, to grasp it.

It's not luck; it's readiness every time. And we don't develop readiness by wishing. Omnipotence of thought ceases to be valid once we become adult. We achieve that which we have the capacity to create. And the only way to develop capacity is to utilize what we already have.



NEW YORK WORLD'S FAIR TOURS
All Expense—Air Conditioned Train

4 to 7 Days—Every Sat.-Sun. Streamliner Trail Blazer, from 7 Days—Lv. Every Sun.; 5 \$4450 days in N.Y., hotel room, etc.

7 Days—Every night a comfortable bed; Niagara Falls; Pennsylvania Hotel, \$65 N. Y.; boat Buffalo to Detroit; lv. Sundays

8 Days—Every Sat.; Washington; 4 nights New York; Hudson River Trip; Niagara Falls; \$67 hotels, etc.; boat Buffalo to Detroit.....

8 Days—Every Sun; Niagara Falls; 4 nights
Pennsylvania Hotel, N.Y.; all sightseeing; 571
Hotel Mayflower, Washington; Mt. Vernon
Two Weeks—OLD VIRGINIA—HISTORIC
EAST—Washington; Mt. Vernon; Williamsburg;
New York; Atlantic City; Niagara Falls; 5115
Boat Buffalo to Detroit.

Two Weeks—CANADA-EASTERN SEA-BOARD; Boat Detroit-Buffalo; Niagara Falls; Thousand Islands; Toronto; Montreal; Quebec; Portland; Boston; New York; Philadelphia; Washington; Best Hotels.

CALIFORNIA-WORLD'S FAIR

Two Weeks—Lv. Saturdays June 15-29; July 13-27, August 10-24; St. Louis; Carlsbad Caverns; El Paso; Old Mexico; Hollywood; 3 days Los Angeles Biltmore Hote!; Yosemite Park; San Francisco World's Fair; Portland; Columbia River Highway; Seattle; Van- \$153

17 DAYS ALASKA, all expense; 9 day cruise; Canadian Rockies; a real thrill... \$239

Two Weeks Florida Summer Tour; Jacksonville; Silver Springs; Bok Tower; St. Petersburg; Miami; Palm Beach; St. Augustine; return via \$120 Washington (Include N. Y. Fair, 2 days, \$18 120 Escorted Tours—Independent Travel SEE YOUR LOCAL TRAVEL AGENT or write Dept. R.N. for FREE Booklet, indicating tour

HAPPINESS TOURS 39 S. STATE ST., CHICAGO

### The winners

[Continued from page 25]

Mo. She has studied at Colorado State College and Minnesota University, and is now senior staff nurse in the service of the Missouri State Board of Health.

 A new kind of war story comes from the deep South, taking fourth place and another \$10 prize. Frances M. Hymel of New Roads, La., is fighting ideas, not people. "We Fight Fear," is the title of her story of public-health work near the Mississippi delta. Here, ignorance is as much of a threat as the most potent epidemics. Miss Hymel has swamps and tornados to battle with.

# THE INORGANIC OR MINERAL ELEMENTS IN NUTRITION

"The functions of minerals are so important that they may well be said to control life itself." (1)

• With this terse statement, a recent monograph summarizes the importance of minerals in animal metabolism.

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Earlier physiologists considered the following list of inorganic elements to be fairly complete as far as animal nutrition was concerned:

Calcium Sodium Phosphorus Iron Potassium Chlorine Iodine Magnesium Sulfur

However, copper, manganese, zinc. and apparently cobalt must now be added to this list of elements considered indispensable or desirable in nutrition. Also, analyses of animal tissues have disclosed the presence of the so-called "trace elements" (aluminum, silicon, arsenic, fluorine, bromine, barium, rubidium, nickel, and selenium). Which of these perform definite roles in mammalian metabolism and which are present as contaminants, future research alone can decide (2).

Although the specific functions of all the essential minerals may not be completely known, it is apparent that many of these inorganic elements—in the form of their salts or ions—are associated with vital body activities. Thus, the initiation and continuance of cardiac function, the maintenance of osmotic relationships of tissues and of the acid-alkaline balance, and the formation of bony and calcareous tissue and of hemoglobin are a few of the vital functions of the minerals (1). It should be evident that the above quota-

tion is in no wise an overstatement of the importance of the minerals in nutrition.

As to their occurrence in nature, the minerals are rather widely distributed in foods, although the extent to which they may occur—even in the same food variety—is known to be variable (3). No one food or class of foods has been richly endowed with all the elements essential in nutrition. Consequently, to insure an optimal intake of minerals the diet should be planned to include—in so far as possible—all food classes.

In the preparation of foods for the table, attention should be given to preservation of their mineral values. Because of their water-soluble nature, certain minerals may be lost to the cooking water during food preparation. Therefore, to obtain the full mineral benefits of foods, the cooking water containing the extracted minerals should in some way be utilized.

During commercial canning, food is cooked in a limited amount of water or brine while contained in the sealed can. Thus, solution losses of inorganic elements are controlled and by using the entire contents of the container the consumer will obtain all the mineral values of the food packed therein. This provision in practically all commercial canning procedures renders canned foods valuable and convenient in formulation of diets calculated to supply optimal amounts of the inorganic elements essential for complete human nutrition.

## AMERICAN CAN COMPANY 230 Park Avenue, New York, N. Y.

REFERENCES

(1) 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.

(2) 1940. Nutrition Abstracts and Reviews 9, 515.

(3) 1938. Univ. Colorado Studies 25, 181.

t want to make this series valuable to you, so we ask your help. Will you as on a post card addressed to the American Can Company, New York, Y., what phases of canned-foods knowledge are of greatest interest to you? were suggestions will determine the subject matter of future articles. This is sixtieth in a series, which summarizes, for your convenience, the convious about canned foods reached by authorities in nutritional research.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.



# R for R.N.

We Invite You To Try It, Gratis

This simple way to quick and easy hot starching of white things is not a step merely in the direction of economy. And of ironing beautifully, speedily and happily. This powdered starching and ironing compound also makes washing caps and uniforms easier. Quick Elastic Starch forms a protective filler but "lets go" at the touch of water. Makes tubbing easy. Dip and iron before things get really dry. Makes all three, starching, ironing and washing, easier. "Doing Up" some of your own things can be a pleasure.

#### THANK YOU

ELASTIC STARCH, No. 832, Keokuk, Iowa
Your educational test package of Quick
Elastic, Free, please. "That Wonderful Way
to Hot Starch."

 too. But she obviously enjoys it all immensely. Her negro patients have every confidence in her, and boast that she's "diplomered." The author is a graduate of the Charity Hospital School of Nursing in New Orleans.

[As previously announced, R.N. will accept an unlimited number of other contest contributions which, in the opinion of the judges, did not qualify for major prizes. These articles will cover a wide range of topics—practical ideas, career stories, and discussions of professional problems. Names of these authors will be announced in forthcoming issues. Meanwhile, R.N.'s thanks and congratulations to the 1,500 nurses who participated.—THE EDITORS]

#### Live alone?

[Continued from page 21]

my room to read another chapter and drowse a bit.

The phone rang and Jean carried on a long, long conversation. Then she knocked on my door. "Look, I know you didn't know. But people are different out here in the suburbs. That call" (she had the grace to look ill at ease) "was my neighbor. She says you were out all yesterday afternoon almost undressed. Her husband started to cut the lawn, but he couldn't raise his eyes, he was so embarrassed. She thought you ought to know that here people are kind of old-fashioned..."

So, yippiee-i-e-i-a, I'm back in Room 824. I haven't a door key. I haven't a private phone. I crash into the dining room as the doors are closing, getting dirty looks from the waitresses. I sign in and out on the register. I sleep until noon on Sunday. I sunbathe on the roof, and I use gallons of hot water per shower. There isn't a lawn or a neighbor's husband in sight.

And I wouldn't trade my way of living for any three suburbs you can

name.

## INFANTS IMPROVED

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## KNOX GELATINE (U.S.P.)

A lower incidence of vomiting, diarrhea, and constipation resulted from adding 1% and 2% plain, unflavored gelatine to milk fed a group of infants two years ago. An additional advantage was a decrease in the incidence of upper-respiratory infections.

Repetition of this work\* has substantiated the results. PLAIN (Sparkling) KNOX GELATINE (U.S.P.) was used in all these studies.

CONVENIENT GELATINE PROPORTIONS:

or 1 level teaspoon to 18 ounces of milk.

One envelope to 3 pints One envelope to 11/2 pints or 1 level teaspoon to 9 ounces of milk.

(Formula Sent Upon Request)



## KNOX GELATINE

IS PURE GELATINE-NEUTRAL NO SUGAR

= SEND THIS COUPON FOR FREE REPRINTS =

\* Further Clinical Observations on Feeding Infants Whole Milk, Gelatinized Milk, and Acidified Milk, C. LORING JOSLIN, M.D., F.A.A.P.; Bulletin of the School of Medicine, University of Maryland; Jan. 1939.

KNOX GELATINE, Johnstown, New York, Dept. 450. Please send me above reprint.

#### **Nutrition briefs**

[Continued from page 26]

for this vitamin. Liberates it, in other words, from the tissues where it's stored.

Further experiments confirmed this conclusion and suggested that Vitamin A stores are concentrated in the liver. Alcohol may have a liberating effect because it acts directly on this part of the anatomy.

To the temperance squad, however, this much satisfaction is left: more alcohol consumed does not necessarily mean more Vitamin A freed!—Ryden, Breese, Clausen, Baum, McCoord: Mobilization of Vitamin A by Ethyl Alcohol. Science, March 1940.

#### Allergic reactions

[Continued from page 18]

edematous, and a sense of constriction about the chest is noted. The temperature may rise to 103° F. Nausea, vomiting, diarrhea, and severe headache are frequent. Joint pain may be a troublesome complication.

Treatment consists of the subcutaneous administration of epinephrine. Calcium gluconate given orally or intravenously appear to help. Recurrences may develop for several days to a week.

Urticaria.—The manifestations of urticaria are similar to those of serum sickness—multiple wheals, edema and redness of the skin, and intense itching. The condition is definitely allergic in nature, and is related to the ingestion of foods or drugs to which the patient is sensitive.

Sea food, milk, eggs, aspirin, and sulfanilamide are not infrequent offenders. At times, a seige of urticaria may appear in adults who had never been aware of being hypersensitive. Angioneurotic edema is related to urticaria, but is characterized by deep-seated edema. This especially affects the lips or eyelids, although any skin area may be involved. Both urticaria and angioneurotic edema may involve the mucous membranes of the respiratory tract. Edema of the glottis may necessitate an emergency tracheotomy.

Epinephrine administered subcutaneously and calcium gluconate intravenously usually cause the lesions to disappear and the itching discomfort to subside. However, the wheals recur if the provocative agent is not detected and eliminated. Skin testing may provide a clue as to the identity of the allergens, although more rapid progress is achieved by the use of the so-called elimination diet. The patient is placed on a diet of milk and bread. If the urticaria subsides spontaneously, one food is added every three or four days until the responsible substance is identified by reappearance of the urticarial reaction.

A careful study of the patient's habits may point to a drug, domestic animal, or pillow as being the source of the allergen. If suspicion points to one of these, the patch test may give significant evidence. Some hospitals provide "allergy beds" in which the mattress and pillows are filled with kapok, a woolly fiber obtained from a tree. Substituting pillows filled with feathers obtained from various animals often aids in detecting the allergen.

Hay fever.—Seasonal hay fever is a common affection. It is due to hypersensitivity to pollen, hence occurs when certain plants or grasses pollenate. Rose fever, prevalent in the Spring months, is due to the pollens of several grasses. The autumn hay fever is usually caused by the ragweed pollen.

The symptoms of hay fever are familiar. Sneezing, nasal itching, nasal hypersecretion, and nasal obstruction form a symptom complex which is exceedingly uncomfortable. If the pollen content of the air should suddenly become excessive, other manifestations of

## SPECIALIZATION CLINICAL LABORATORY TECHNIQUE

holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not over-crowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. Established 22 years.

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allergy-urticaria, asthma-may develop in more susceptible patients.

The history usually makes the diagnosis readily apparent. Skin testing reveals the responsible pollen.

Symptomatic relief is obtained by the nasal instillation of ephedrine solution. Change of climate to locations where the offending plant does not grow removes, of course, the source of trouble. Recently potassium chloride has been advocated for the treatment of hay fever and other allergic states. Conflicting reports from several authors indicate that more research is needed to establish definitely the value of this drug.

Prophylaxis is attempted by preseasonal inoculation with extracts of the responsible pollen. Variable results are obtained, although in many cases marked relief is afforded.

Asthma.—Bronchial asthma is a specific allergic reaction characterized by edema, hypersecretion, and congestion of the bronchial mucous membrane, with concomitant spasm of the bronchial musculature.

These several changes all act to narrow the bronchial passages, thereby producing the typical respiratory embarrassment. A host of substances can play an etiologic role, and extensive testing is required to identify the



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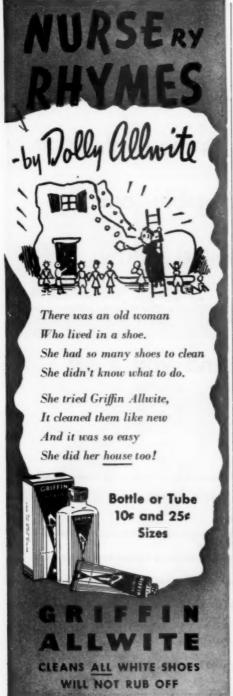
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THE SOURCE of a report counts as much as the findings. Observe the reputable sources of the studies listed below ... on the irritant properties of cigarette smoke. May we send you a set of reprints?

#### PHILIP MORRIS & CO. LTD., INC., 119 FIFTH AVENUE, NEW YORK Please send me copies of the reprints checked. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245-"Pharmacology of Inflammation: III. Influence of Hygroscopic Agents on Irritation From Cigarette Smoke." N. Y. State Jour. Med. 1935, 35-No. 11,590-"Irritating Properties of Cigarette Smoke as Influenced by Hygroscopic Agents." ☐ Laryngoscope, 1935, XLV, No. 2, 149-154—"Some Clinical Observations on the Influence of Certain Hygroscopic Agents in Cigarettes. Laryngoscope, 1937, XLVII, 58-60-"Further Clinical Observations on the Influence of Hygroscopic Agents in Cigarettes. \_ADDRESS. NAME\_

RN



precipitating factors. Not infrequently, these are never recognized.

The asthmatic paroxysm usually appears without warning. Intense narrowing of the bronchial tree makes inspiration and expiration a great effort. The muscles of the neck and chest are brought into play in a futile attempt at breathing. The chest remains expanded, the skin becomes cyanotic and clammy, the pulse fast and thready. Audible wheezing may be heard for a great distance. The patient, obviously suffering intense discomfort, finally becomes unconscious if the seizure is not terminated. Repeated asthmatic attacks over a number of years lead to chronic bronchitis, emphysema, and eventually to heart failure.

Immediate therapy with epinephrine terminates the paroxysm. Complete relief depends upon elimination of the allergens. Usually a dry climate reduces the frequency and severity of the attacks. Identification and removal of foci of infection often produces marked improvement.

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ANTISEPTIC POWDER: Research in a prominent New York clinic developed this surgical powder. Bland, soothing, antiseptic, 3xB Powder is recommended for home use to help correct chafing and chapping, to relieve the irritation of poison ivy and insect stings, and to help clear up acne due to external causes. Nurses on long bedside cases say their patients find it a welcome relief for chafing caused by irritating bed-clothes. Contains thymol iodide, charcoal, bismuth subnitrate, and boric acid. A generous sample can will be sent on request. Dept. RN 6-40, 3XB Corp., 350 Madison Ave., New York, N.Y.

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LABORATORY COURSES: Nurses who want to get ahead today turn to special fields, take courses which fit them for jobs with opportunity for advancement. Such courses are now being offered at reasonable rates by the Northwest Institute. Subjects include clinical laboratory technique, metabolism, electro-cardiography, and X-ray technique. The Institute has been established twenty-two years and has a high record of placement for its

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POSTURE AID: Want to banish "duty fatigue"? PER-FIT Posture Belt is designed to give gentle support to tired back and abdominal muscles. It's washable, comfortable, and may be worn with or without other foundation garments. Nurses who have worn Per-Fit say it's a real investment in better carriage, improved appearance, and greater working comfort. Write A. Stein & Co., Dept. RN 6-40, 1143 W. Congress St., Chicago, Ill.

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To apply for a "position available," simply outline your qualifications in a letter. Address it to the correct box number care of R.N.—A JOURNAL FOR NURSES, Rutherford, N.J. All positions are listed by a placement bureau except those otherwise indicated. (Send no money with your application. If the bureau requires a registration fee, it will bill you separately.)

ADMITTING OFFICE NURSE: Midwest. Opening in Midwestern hospital for nurse with stenographic experience. Responsible position with opportunity for advancement toward executive work. (Placement bureau charges \$2 registration fee.) Box C130.

ANESTHETIST: California. Busy industrial hospital, lumber section, Northern California, needs anesthetist willing to combine duties with general staff nursing. Considerable bedside nursing in beginning with increasing responsibility in anesthesia. Salary, \$100 to start; maintenance. (Placement bureau charges no registration fee.) Box W171.

\*ANESTHETIST: N. Dakota. Nurse sought to give anesthetics for E.E.N.T. service, and to assist this department with clinic patients. Salary \$140, without maintenance; 44-hour week. Must begin work June 15. Box Q6-11.

ANESTHETIST: Pacific Coast. Outstanding hospital, averaging 400 operations monthly, seeks experienced nurse-anesthetist. Salary, \$165; meals, laundry. (Placement bureau charges \$2 registration fee.) Box MB6-16.

ANESTHETIST: South. Opening for nurse-anesthetist in obstetrical department of large Southern hospital. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-17.

CASE WORKERS: South. Large Southern hospital, interesting college-town location, has opening for nurse social worker. Specific training essential. (Placement bureau charges \$2 registration fee.) Box C133.

DIRECTOR OF NURSES: South. Well-rated Southern hospital needs nurse-director. Only applicants with unusual background considered. Salary open; location desirable. (Placement bureau charges \$2 registration fee.) Box C131.

DIRECTOR OF NURSES: Well-qualified woman needed to take charge of nursing service in 400-bed hospital. Salary, \$3,100; maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-1.

EDUCATIONAL DIRECTOR: Southwest. Must be qualified to share teaching duties. Attractive Southwestern hospital; pleasant living conditions. Salary, \$125; full maintenance. (Placement bureau charges \$2 registration fee.) Box C134.

GENERAL DUTY: California. General-duty nurses needed in all sections of the State. Salaries average \$75-90, whole or partial maintenance; 8-hour duty; day, night, or alternating service. Nurses registered in other States eligible to apply for California registration without examination. (Placement bureau charges no registration fee.) Box W172.

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GENERAL DUTY: California. Modern 16-bed private hospital needs two night nurses to relieve each other. Hospital average 10 patients. Salary, \$75; maintenance. (Placement bureau charges no registration fee.) Box W173.

GENERAL DUTY: East. Several openings. Hospital located few miles from heart of New York; rotating service. Salary, \$75; maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-13.

GENERAL DUTY: East. Two openings in obstetrical and surgical departments of small private hospital. Salary, \$80; maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-15.

GENERAL DUTY: Midwest. Several staff openings in one of leading hospitals, Chicago area. Salary, \$70; split hours. Excellent living conditions; complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-12.

GENERAL DUTY: New York. Nurse registered in N.Y., for interesting staff post in attractively located hospital. Salary, \$85; full maintenance. (Placement bureau charges \$2 registration fee.) Box C136.

GENERAL DUTY: South. Several openings in progressive industrial hospital. Northern applicants preferred. Salary, \$82; maintenance. (Placement bureau charges \$2 registration fee.) Box C137.

INSTRUCTOR, NURSING ARTS: Pennsylvania. Qualified instructor to teach 56 students. Salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-2.

INSTRUCTOR, PSYCHIATRY: East. Opening in hospital which provides 3 months' affiliating course in psychiatry. Private institution. (Placement bureau charges \$2 registration fee.) Box MB6-3.

INSTRUCTOR, SCIENCE: Montana. Must have degree and teaching experience for post in 150-behospital. Salary, \$125; maintenance. (Placement bureau charges no registration fee.) Box W174.

NURSE-TECHNICIAN: Florida. Nurse qualified in laboratory and X-ray technique. Small hospital, pleasantly located. Salary, \$100; full maintenance. (Placement bureau charges \$2 registration fee.) Box C139.

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OBSTETRICAL NURSE: California. Private and well-equipped 100-bed hospital, residential suburb San Francisco, needs obstetrical nurse with P.G. or good experience. Salary, \$80; maintenance. (Placement bureau charges no registration fee.) Box W175.

OBSTETRICAL NURSE: Washington. Opening for oss. nurse in private 60-bed hospital near Seattle. Salary, \$90; maintenance. (Placement bureau charges no registration fee.) Box W176.

\*OCCUPATIONAL THERAPIST: New Jersey. Experienced. Evangelical Christian preferred; unmarried, between ages 25-45. Private mental institution, 200-bed capacity. Salary \$70, with maintenance. Give qualifications and references. Box CS68.

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\*PSYCHIATRIC NURSES: New Jersey. Several opportunities for night duty in small private mental institution. Prefer Evangelical Christians, unmarried, between ages 20-45. Salary \$65, with maintenance. Box CS69.

PUBLIC-HEALTH NURSE: Junior League appointment. Salary \$125, including car expenses; 5½-day week. (Placement bureau charges \$2 registration fee.) Box MB6-18.

PUBLIC-HEALTH NURSE: Opening for instructor in public-health nursing, out-patient department, children's unit of university medical center. Graduate of children's hospital or one who has had additional experience in pediatrics required. B.S. degree, plus special training in public-health nursing desirable. Salary \$2,240, including board and laundry. Month's vacation yearly. (Placement bureau charges \$2 registration fee.) Box MB6-19.

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SOCIAL SERVICE DIRECTOR: South. Completely modern hospital requires nurse with approved social-service training and public-health experience. Salary, \$2,100 yearly. Pleasant environment. (Placement bureau charges \$2 registration fee.)

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SUPERVISOR, MEDICAL & SURGICAL: Pacific Coast, Head nurse wanted for medical and surgical floor. Fairly large hospital; no training school. Salary, \$120; partial maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-4.

SUPERVISOR, O.P.D.: South America. Charge nurse wanted for out-patient department of American hospital located in American and British

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SUPERVISOR, SURGICAL: California. Excellent opportunity for surgical nurse with post-graduate training in operating room technique. Salary \$80, including maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-9.

SUPERVISOR, SURGICAL: California. Large private hospital with national reputation needs experienced surgery supervisor. Salary, \$125; maintenance. (Placement bureau charges no registration fee.) Box W179.

SURGICAL NURSE: California. Suture nurse for 100-bed Catholic hospital in central California. Salary, \$85; maintenance. (Placement bureau charges no registration fee.) Box W177.

SURGICAL NURSES: California. Ten positions open in various hospitals throughout the State. Post-graduate courses or experience in operating room required. Salaries, \$75-90; complete maintenance; 8-hour duty. (Placement bureau charges no registration fee.) Box W178.

TUBERCULOSIS NURSES: California. Several needed for county tuberculosis sanatorium located in foothills. Somewhat isolated location but exceptionally good living conditions and opportunity for out-of-door life. Salary, \$100; maintenance. (Placement bureau charges no registration fee.) Box W180.

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